

PUBLIC VOUCHER FOR PURCHASES  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 2386

U. S. \_\_\_\_\_ COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_  
(Payee)

PAID BY

*Ex-1-9*

DDP-1226-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$581	92

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$581 92

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences \_\_\_\_\_

Date 2-3-59 \*Payee

(Required when a like certificate is made by payee on attached bill or bill)

Amount verified; correct for

(Signature or initials) *EL*

\$581 92

Contract No. H-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of \_\_\_\_\_)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_ (payee named above.)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, and the name of the person signing must be given, as in the following: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

00 16 17 67 02 1

STATOTHR

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.O.	
76	01	23	9	2358	3837		02	13	171				1	50	25	00	00	12501	3032	31	2380 2380 2380***

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THE RAMO-WOOLDRIDGE CORPORATION

# ACCOUNTS PAYABLE

WEEKLY DISTR

DATE

1/24/59

FORM STL - 680

BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day				Mo.	Day					Obj.	Int.	Sub.	Account	M.I.O.	S.O.	
44	01	19	9	11C7257	1333	01	20	35			50	25	00	00	12501	3032	33	2250
66	01	22	9	1113046	1302	01	30	61			50	25	00	00	12501	3032	33	8368
66	01	22	9	1113109	1302	01	30	61			50	25	00	00	12501	3032	33	6226
																		3501
																		20345
																		20345
																		2380
																		78.74
																		305.94
																		P.1
																		P.2